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<b>SERIAL NUMBER</b> 09/767,283	<b>FILING OR 371(c) DATE</b> 01/22/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 128019-203802
<b>APPLICANTS</b> Gary D. Glick, Ann Arbor, MI; Anthony W. Oipari JR., Ann Arbor, MI;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/700,101 11/08/2000 PAT 7,125,866 which is a 371 of PCT/US00/11599 04/27/2000 which is a CIP of 08/881,037 06/23/1997 PAT 6,080,588 which is a DIV of 08/443,540 05/18/1995 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/25/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> Medlen & Carroll, LLP David A. Casimir Esq 101 Howard Street Suite 350 San Francisco, CA94105				
<b>TITLE</b> THERAPEUTIC APPLICATION OF PRO-APOPTOTIC BENZODIAZEPINES				
<b>FILING FEE RECEIVED</b> 490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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